

COMMUNITY TIES

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Special points of Interest:

- New Physician
- Internet
- Canteen Mall
- Poetry Corner
- Volunteer Services
- Tours
- Donations Needed



Richmond State Hospital is operated by the State of Indiana and is a Division of Mental Health and Addiction.



SUPERINTENDENT'S MESSAGE

Busy, busy, busy....

Much happened over the spring and summer.

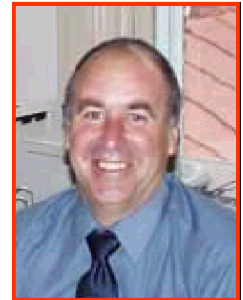
The software process for medication ordering and administration has been implemented. There has been a tremendous amount of work for much of the clinical staff. This process will improve our practice, reduce our medication errors and improve our efficiency.

DMHA has a plan in place to have a complete electronic medical record. The first phase, which has been totally implemented, is assessments for all clinical disciplines. The next phase will be treatment planning, beginning this fall. The final phase, progress notes, will begin in 2010. Once again the staff has done a magnificent job in continuing to provide quality of care during the training and implementation of these changes.

This summer we have been installing new generators for the three major buildings where patients stay. From a life safety standpoint, all three buildings will be 100% supported by generator back up in the event of a power outage. Previously we only had partial support in the patient buildings. A generator back-up is even more critical with the electronic medication administration system as well as the electronic medical record.

The FY08-09 year has ended. I am proud once again to share that our overall cost per day was the lowest in our system of state hospitals. We continued to be the leader in the number of admissions and discharges. I have great staff who work very hard and these are two of many examples of their outstanding efforts.

On two other notes not so bright, we continue



Jeff Butler
Superintendent

to struggle in our efforts to maintain a tobacco free campus. I believe strongly in our commitment to overcome this obstacle as the evidence is overwhelming regarding the negative impact of the continued use of tobacco products. The evidence is so clear that people with serious mental illness and substance abuse disorders die statistically 25 years earlier than the general population. However, many of the patients resist the efforts to remain tobacco free. With our campus being so open and accessible to the community the implementation of controlling a tobacco



Above: An elevator is being added to the Administration Building to allow handicap accessibility.

SUPERINTENDENT'S MESSAGE, continued

free environment can be a challenge. I am asking for your help and support as we continue down this journey. The cost of continuing to smoke is staggering not only financially to purchase tobacco products but the health costs in the long run are tremendous.

On a personal note, I share with you my sadness over the loss of Abby Flynn. I have known Abby for over 25 years and I can say without any hesitancy that the State, RSH, and yours truly has lost one of the most dedi-

cated, compassionate, and caring individuals I have and probably ever will meet. She has carried the NAMI torch and her message has been heard by so many. I certainly can say that I am a better person for having met Abby. She was very instrumental in helping to make significant improvements in the quality of mental health care and treatment that we provide not only here, but throughout the state of Indiana. I know she wouldn't want fanfare, but for those

in our community who read this newsletter, I felt I needed to share this with you.

Enjoy the beautiful Indiana fall. it is my favorite time of the year.

Best wishes,
Jeff Butler
Superintendent

"Autumn is a
second spring when
every leaf is a
flower."

~ Albert Camus



*Above: A new RSH logo.
Right: A revised Mission
and Vision.*

RICHMOND STATE HOSPITAL

MISSION

To provide individualized, quality holistic healthcare with respect, dignity, and caring.

OUR VALUES

We believe in all individual's capacity for:

- Recovery
- Strength
- Hope

VISION

We have accepted the challenge to:

- Partner with: consumers, families, providers, and communities for recovery.
- Provide a healing, safe, recovery oriented environment.
- Promote innovation and utilize evidence based practices for recovery.
- Promote trauma informed care.

VISITORS INFORMATION

Staff at RSH encourage family members to visit and to be a part of the of their loved ones lives at RSH. Please keep the following things in mind when visiting:

- ▶ Hospital visiting hours are from 9 AM to 8 PM daily.
- ▶ The visitor sign-in process is for the safety of our patients and visitors. In the event of an emergency, the sign-in logs are used to account for any visitors on grounds.
- ▶ Visitors under the age of 18 must be accompanied by a parent, guardian, or family member over the age of 21.
- ▶ For visitors with children under the age of 14, the visitation must occur off the unit for safety reasons.
- ▶ When left unattended, vehicles must be turned off and locked.
- ▶ Due to privacy laws, the use of cameras or cell phones with cameras is prohibited while on hospital grounds.
- ▶ The use of personal electronic devices (PDA's, Ipods, MP3 players, cell phones, etc.) is prohibited while on hospital grounds.
- ▶ Tobacco products, lighters, matches, alcohol, and associated paraphernalia are not ever to be brought on grounds or given to patients.

There are security cameras located in various areas of the buildings and grounds. This is a method of protecting people and property. Please be aware as you visit that you may be on video.

If you have any questions, please feel free to contact Mr. Wenning, Health Information Services Director at 765-935-9235, email him at Jay.Wenning@fssa.in.gov or send a fax to 765-935-9509.



*"No spring nor summer beauty hath such grace
As I have seen in one autumnal face."
~ John Donne*

TREATMENT TEAMS

Each patient's treatment is reviewed in an interdisciplinary team meeting at least every 90 days. Families of patients are encouraged to be involved in the treatment team meetings.

The treatment team is composed of a coordinator, physician, psychologist, nurse, social worker, activity therapists, and, in some

cases, substance abuse counselors. Letters from treatment teams should be sent every time a master treatment plan or review is being done.

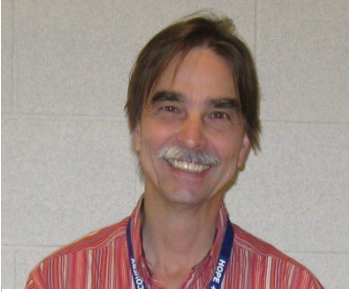
Conference phones are available for family participation in the meetings. Whenever you are calling our toll free number, please allow us to call you back immediately on our hospi-

tal line. This helps keep the cost of our toll free number down.

If you want to contact a staff member at Richmond State Hospital, our toll free number is 1-800-986-6691.



Letters from treatment teams should be sent every time a master treatment plan or review is being done.



Dr. Robert Young, M.D.

NEW PHYSICIAN

Dr. Robert Young graduated from Louisiana State University Medical School in 1979. He completed residency in Psychiatry in 1983 and was Board Certified in Psychiatry in April of 1985. Dr. Young worked at Dunn Mental Health for 15 years before coming to RSH. His wife, Pattie, worked here as a Clinical Nurse Specialist from 1987 to 1996. Dr. Young left RSH to

return to Dunn Center but has rejoined us again in September 2009. We are glad to have him as a part of our team.

FRITZ MORGENSTERN



Frederick Morgenstern was the RSH Chaplain for 17 years.

Fritz Morgenstern, age 81, went home to be with his Lord on Sunday morning, April 19, 2009. Fritz and his wife Lois had just moved to Bloomington, IN, three weeks prior to his death. He passed away peacefully in their new apartment at Bell Trace Living Center.

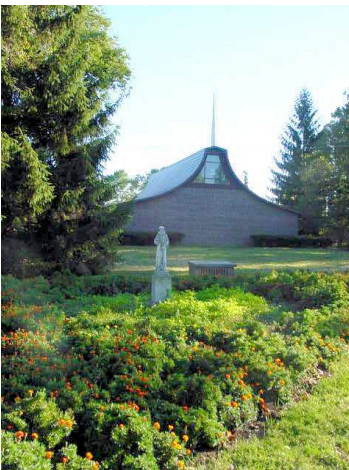
Fritz was a veteran of World War II, U.S. Marine Corps. He graduated from Moravian College and Theological

Seminary in Bethlehem, Pa., where he received his MDiv. degree. He then served as pastor to three Moravian congregations in Graceham, MD., Uhrichsville, OH, and Indianapolis, IN. He received CPE certification from Methodist Hospital in Indianapolis then served for 17 years as chaplain of Richmond State Hospital in Richmond, IN, retiring in 1993. Fritz and Lois resided in Richmond for 33 years where he was a mem-

ber of the Masonic order and First United Methodist Church.

Fritz was a special husband, father, pastor and friend to countless people during his life. He will be well remembered by his family and his many friends in the congregations and communities he served. He above all loved and served God and it showed with everyone he touched.

CHAPEL NEWS



Klepfer All Faiths Chapel

Worship services are held on Sundays at 1:15 p.m. Patients, employees, and visitors are invited to attend these services. Once a month, mass is held in the chapel. The chapel is also used for meetings throughout the year. The 2 Smart 2 Start Substance Abuse Programs are held in the conference room on Friday mornings. AA

meetings are held in the conference room on Saturday evenings.

Next year Klepfer All Faiths Chapel will celebrate 40 years of service to the residents of Richmond State Hospital. The chapel is named for Jefferson Klepfer who was our Superintendent for twenty-three

years, from 1953 through 1976. The chapel was not constructed using State funds, but from donations. The Gift Book on display in the chapel shows that over 900 people and organizations donated the money that was used to build the chapel and acquire the organ.

CANTEEN MALL

By Dave Shelford



The canteen/thrift store/clothing room reorganization and renovation project which was reported in the spring issue of Community Ties was recently completed. The old canteen area in the basement of the auditorium was expanded and renovated

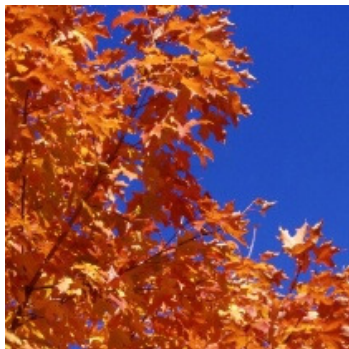
to consolidate the clothing store, thrift store, and canteen into a mall concept. Booths were replaced with new tables and chairs to give a café appearance at the west end. All couches and leisure chairs were reconditioned and look like new. Finally, the pool

tables were recovered and 3 video arcade games and 1 air hockey table was added. We feel the project made the area much more inviting and use of the area has notably increased. Please stop in and see the new Canteen Mall.



Above and left: Pictures taken in the Canteen Mall.

Left: A new shelter house being built close to the Canteen Mall.



"When love and skill work together, expect a masterpiece."

~ John Ruskin

Effective September 2009, we realigned the service lines to help with administrative responsibilities as well as population similarities. With the realignment, the capacity range in a service line is from 50 to 78 beds. Also with the change came new names for the service lines that include recovery as the main focus of our treatment and direction. Here are the names of the service lines:

1. **ADDICTIONS RECOVERY SERVICE LINE**
Units 417B/417D and Lawson House
2. **INTEGRATED DUAL DIAGNOSIS RECOVERY SERVICE LINE**
Units 417A/417C/420A
3. **SPECIALIZED RECOVERY SERVICE LINE**
Units 416 and 421B
4. **HOPE AND RECOVERY SERVICE LINE**
Units 422A/ 422B
5. **RECOVERY AND TRANSITIONS SERVICE LINE**
Units 420B/Darby/ 421A/Kreitl



Lynda Dean
Addictions Recovery
Service Line Manager



Recovery Month is an annual observance that takes place during the month of September. Recovery month serves to educate the public on substance abuse as a national health crisis, that addiction is a treatable disease, and that recovery is possible.



FAS = Fetal Alcohol Spectrum Disorder Alcohol (wine, beer, or liquor) is the leading known preventable cause of mental and physical birth defects in the United States.

ADDICTION RECOVERY SERVICE LINE 417B/417D/Lawson

What services do we offer in 2009? This service line treats clients with the full range of substance abuse issues, from very little if any mental illness involvement to co-occurring disorders of mental illness and substance dependency. We have been doing this over 35 years. The Majority of incoming phone calls that are handled by the service line manager are: how do I get my loved one in treatment? The question seems simple. All our referrals come through the mental health center and they must assess the person first to determine eligibility and then refer to us for inpatient treatment as necessary. What that actually means to a family member is working through the mental health center but not feeling alone helping a family member. They must traverse the system and wait for an opening. When looking at a life in crisis and risk to a loved one, it is a good feeling having that support.

Addiction is called "cunning, baffling and powerful" and this is yet another way addiction costs. RSH is here, ready to serve and full of information for you and yours. The positive aspect is that in announcing this, you are encouraged to press forward with your decisions so that you reach out for help sooner. Don't put it off. Addiction is progressive and it just gets worse. Recovery is about reclaiming your life, getting back on track. Going from someone who is altered and molded by the problem, and returning back to yourself and many times with improvements. Recovery is about the journey back to your uniqueness, building self esteem and recognizing your inherent worth. The same worth that never went away but was masked by symptoms.

September is National Alcohol & Drug Recovery Month. This is a way for communities to focus on celebrating recovery and getting

the message out. Across the United States the statistics still show that there are less people treated than need treatment. Each year FASD (Fetal Alcoholism Spectrum Disorders) Awareness Day occurs on 9/9 at 9:00 AM to get the word out that approximately 40,000 babies, or a Richmond size town of babies is born every year due to drinking during pregnancy. Addiction Recovery Service Line is not only working to teach abstinence and coping skills to handle the tasks of reclaiming ones life when here for treatment, but prevention of birth defects and addiction issues throughout life. We are striving to get the message out to you in the community as well as our clients. The logos on the left of this page are there to remind you to go to any computer and increase your awareness and participation. You may even learn something that will help prevent another birth defect or help a family that is struggling.

COMFORT ROOM PROGRESS

The Addiction Recovery Service Line continues to progress on all the supplies for the comfort rooms and are closing in on the final piece of having music in all the cabinets. Patients are enjoying them and learning about how a peaceful environment facilitates internal peace so they can face the stresses of life.



AIT Building
(Adult Individualized
Treatment)

ADDICTION RECOVERY SERVICE LINE, *continued*

The Addictions Recovery Service Line at Richmond State Hospital is made up of separate programs. The length of stay varies and is determined by program assignment. All programs are co-ed and have a capacity of twenty-three co-ed beds. Lawson House has a capacity of

eight co-ed beds. Patients participate in individual and group therapy, lectures, structured experiences, leisure time and vocational/recreational activities, mediation, and self-help groups in area communities. In addition to these general therapies, there are special therapies for patients that deal with women's is-

suess, eating disorders, grief, anger, depression, anxiety, AIDS, and spiritual issues. GED self-study and testing is also available. Urine screening and Breathalyzers are also used to ensure clients remain abstinent.

ADMISSION INFORMATION

All admissions have to be referred by gatekeepers (gatekeepers are the liaisons between Community Mental Health Centers an courts/legal systems) throughout Indiana. Self referrals and referrals by agencies not approved by the Indiana Division of Mental Health and Addictions will not be accepted. The patient must be a resident of Indiana, age 18 or older, and detoxed.

Patients being admitted should bring enough clothing and personal hygiene items to last a couple of weeks. We do have laundry facilities; plastic hangers are allowed (no metal). They should also bring stamps, stationary, phone cards, etc. We do supply soap, shampoo, and laundry soap, but if you prefer to bring your own, you may do so.

Clothing that displays alcohol or drugs is not permitted. Patients are not permitted to have their automobiles while in treatment. Due to medical equipment intolerance and confidentiality issues, cell phones and cameras are not permitted. Items made from glass or products containing alcohol are not permitted. Please remember we are non-smoking. Cigarettes or lighters are not permitted.



*People are hungry for
messages of hope and life.
What are you
broadcasting?"*

~ Morgan Brittany

417B-Exodus Program – Coordinator, Phyllis Jackie Johnson ext: 9384
Patients have minimal or no additional psychiatric/medical impairments.

Primary Diagnosis consists of Alcohol Dependence, Amphetamine Dependence, Cocaine Dependence, Opioid Dependence, Polysubstance Dependence, and THC Dependence. Ages range from 20 to 51 years old.

Commitments:	Voluntary 20
Sex:	Female 5; Male 15
Race:	White 20
Education:	9th 5; 10th 3; 11th 3; 12th/Graduate 5; GED 4
Religion:	Baptist 1; Catholic 1; Christian 3; Pentecostal 1; Protestant 2; None 12
Drug of Choice:	Alcohol 6; Cocaine 1; Crack 1; Heroin 1; Marijuana 2; Methadone 4; Opiates 2; Pain pills 2; Xanax 2



ADDICTION RECOVERY SERVICE LINE, *continued*

SOME INTERESTING FACTS

Submitted by Lynda Dean

- ▶ 76 million Americans, about 43% of the U.S. adult population, have been exposed to alcoholism in the family
- ▶ Almost 1 in 5 adult Americans (18%) lived with an alcoholic while growing up
- ▶ Children of alcoholics are more likely to develop alcoholism
- ▶ Alcohol is a key factor in 68% of manslaughters, 62% of assaults, 54% of murders and attempted murders, 48% of robberies and 44% of burglaries
- ▶ Almost 2/3 of separated and divorced women, and almost 1/2 of separated or divorced men, under age 46, have been exposed to alcoholism at one time.
- ▶ Scientific evidence shows that children in families affected by alcohol abuse are at increased risk for physical illness and injury, emotional disturbances, educational deficits, behavior problems, and alcoholism or alcohol abuse in later life.

417D -- Phoenix Program -- Coordinator, Sandra Vanderbeck, ext. 9389

This program is designed to provide services to relatively high functioning individuals who have an addiction, and who may also have a mental/medical illness.

Commitments: Regular 21; Temporary 1

Sex: Female 7; Male 15

Race: White 22

Education: 8th 4; 9th 3; 10 1; 11 3; 12th/Graduate 3; GED 7

Religion: Baptist 1; Catholic 3; Christian 12; Methodist 1; None 4

Drug of Choice: Alcohol 10; Cocaine 1; Heroin 3; Marijuana 1; Methadone 1; Oxycotin 2; Pain pills 1

Lawson House -- Coordinator, Phronia Kramarczyk, etc. 9385

The Lawson House is a Relapse Prevention Program. There are eight beds at the Lawson House. Patients from other addiction recovery service lines may be referred to the Lawson House in their last thirty days of treatment. The Lawson House was established so patients getting ready for discharge could prepare for a successful return to community living. Patients will develop a relapse prevention plan, establish out-patient appointments, and obtain a temporary self-help group sponsor. Our hope is they will return to community living without returning to drug abuse.

Activities

Recreational Therapist Janet Miller, new employee who joined us from the Sailor's and Children Home in Knightstown, has been having cooking classes. What a blast! On Sunday August 23, 417 A, B, C, & D had the opportunity to bake cookies and a sheet cake. The patients did an awesome job and had a great time. Plus, their entire unit received goodies to munch on later.

Wednesdays and Thursdays each week, Mike Combs, Recreational Therapist Assistant, has four patients from one unit getting to cook their own supper. The first week was 417D and they prepared pot roast with potatoes and carrots cooked in a Dutch oven. They also learned how to make mini-meatloaves, had sliced tomatoes, garlic bread, punch, butterscotch cake and brownies. They took their leftovers back to the unit and shared.

Cooking is just one of the many activities patients in the Addiction Recovery Service Line enjoy. Volleyball, walking, cornhole, horseshoe, putt putt, weightlifting, and basketball are some of the other activities.





ACTIVITY CORNER

WOW...just a few months ago I wrote this blurb for Community Ties and talked about Summer coming. It has now come and gone and Autumn has started. The summer was wonderful. The patients didn't miss going out too many days because of the heat. The grass is still green and looks like Spring. Before too long we will be raking leaves in preparation for Winter's snow. Living in Indiana always offers the deviation of seasons.

This Summer the patients enjoyed cookouts. They've taken part in baseball, volleyball, and basketball tournaments. They also took part in the usual summer fun days. This year the theme was Cultural Diversity. A Native American dance group came as part of the entertainment. It was wonderful. We had a good Summer.



INTEGRATED DUAL DIAGNOSIS RECOVERY SERVICE LINE 417A, 417C, AND 420A

417A-Star Program -- Coordinator. Sheila Buckler, ext. 9360, 23 Beds

Primary Diagnosis consists of Alcohol Dependence, Bipolar Disorders, Cognitive Disorder, Depressive Disorder, Impulse Control, Major Depressive Disorders, Obsessive Compulsive Disorder, Polysubstance Dependence, Psychotic Disorder, Schizoaffective Disorders, Schizoaffective Disorders, and Schizophrenia Paranoid Type. Age ranges from 18 to 61 years old.

Commitments: Regular 10; Temporary 12; Voluntary 1

Sex: Female 10; Male 12

Race: White 19; Afro American 4

Education: 7th 1; 8th 1; 9th 1; 10 2; 12th/Graduate 10; GED 3

Religion: Catholic 3; Christian 4; Pentecostal 1; Presbyterian 1; Protestant 1; None 9

Drug of Choice: Alcohol 8; Cocaine 3; Crack 1; Heroin 1; Marijuana 2; Methadone 1; Tobacco 1

417C - New Horizons Program -- Coordinator. Vanda Nunley, ext. 9397, 23 Beds

Primary Diagnosis consists of Alcohol Dependence, Cocaine Dependence, Depressive Disorder, Major Depressive Disorder, Marijuana Abuse, Opioid Dependence, Polysubstance Dependence, PTST, Substance Induced Mood Disorder. Ages range from 18 to 59 years old.

Commitments: Regular 6; Temporary 10; Voluntary 1

Sex: Female 8; Male 11

Race: Afro American 3; White 10; Other 1

Education: 8th 4; 9th 3; 10th 1; 11th 3; 12th/Graduate 3; GED 7

Religion: Baptist 4; Catholic 2; Christian 5; Methodist 1; None 9

Drug of Choice: Alcohol 11; Cocaine 2; Marijuana 1; Methadone 2; Opiates 1

420A - D'aune Matheny-Murray, ext. 9342, 30 beds

Primary Diagnosis consists of Alcohol Dependence, Cocaine Dependence, Depressive Disorder, Major Depressive Disorder, Marijuana Abuse, Opioid Dependence, Polysubstance Dependence, PTST, Substance Induced Mood Disorder. Average age is 36.

Sex: Female 9; Male 21

Race: Afro American 8; White 22

Education: Under 12th grade 12; 12th/Graduate 11; GED 6; Unknown 1

Religion: Atheist 1; Baptist 5; Catholic 5; Christian 5; Lutheran 1; Pentecostal 2; Protestant 1; Spiritualist 1; Wicca 1; None 8

**Average
Length of Stay:** 79 Days



Alcohol and drug use can progress into abuse and even addiction so insidiously that sometimes people do not realize that it has become a problem for them and those around them. There are self-assessment tests can help you determine whether or not it may be time to get help.

**"The world is
all gates,
all opportunities,
strings of tension
waiting to be
struck."**

**~ Ralph Waldo
Emerson**

POETRY CORNER... *The following poem was written by a patient's son.*

DADDY, WHERE'D YOU GO?

What happened to my
daddy, the man I used
to know?

The one who taught me
how to skate and how
to shoot a bow?

The one who took us
boating on weekends at
the lake,
the one who was there
each year to cut my
birthday cake.

What happened to my
daddy? Where is my
dad?

I'm longing for my
hero, the one I once
had.

I looked up to you, or
didn't you know?

Whatever you said, I
believed it was so.

You told us all your old
stories from when you
were in the navy.

And I remember the
morning you taught me
how to make your sau-
sage gravy.

You made sure our
Christmases were al-
ways pretty good.

You rarely said you
loved us, but we always
understood.

You were a hard work-
ing family man, who
only drank his beers,
though after a while
they just weren't
enough to block out all
your tears.

So in the drugs came,
and everything
changed.

I guess you were trying
to mask all your pain.

We never even saw it
coming, that cocaine
train.

It just came roaring in,
and our lives became
insane.

The violence increased,
your temper it flew,
and mom

Was left acting like the
family glue.

Soon the white stuff
you sniffed, it was not
enough,

So you cooked up a
rock and gave it a puff.

The crack was so evil it
warped your mind,

It made you think you
could keep us all con-
fined.

Where is my daddy?
This guy is so violent.

I'm screaming on the
inside,

But I have to keep si-
lent.

So we now do this
dance out of fear of the
rage.

You've got us all living
like rats in a cage.

Walking on eggshells,
skating on thin ice,

Never knowing from
day to day if you will be
nasty or nice.

This isn't how you treat
the people you love,

So I pray for you to
have mercy from
heaven above.

And all that you worked
for has now slipped
away,

I really don't know
what to do or say.

When I think about it
all it makes me want to
cry.

You paid a pretty high
price just to get high.

You've become just a
shadow of the hero I
once had.

You'll always be my fa-
ther, but I really miss
my dad.



HOPE AND RECOVERY SERVICE LINE 422A AND 422B

CONTACTS:

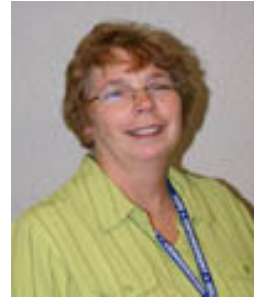
Kimberly Phillips, Service Line Manager - 935-9252

Darlene Caves, Assistant Director of Nursing - 935-9273

Terry Ogle, Secretary - 935-9251

Kathy Jones, 422-A Treatment Team Coordinator - 935-9365

Roger Buckler, 422-B Treatment Team Coordinator - 935-9361



Kimberly Phillips
*Hope and Recovery
Service Line Manager*

422-A CLIENT DEMOGRAPHICS

Race: 3 African American; 27 White

Gender: 11 Females, 19 Males,

Average age: 44

Education: Average Grade 11

Primary Diagnosis: Schizophrenia; Schizoaffective

**Religion – 2 Catholic; 11 Christian; 8 Protestant;
1 Methodist; 1 Jehovah Witness; 1 Pentecostal;
1 Mennonite; 3 None; 2 Unknown**

Discharges 2009: 9

Transferred to a less restrictive unit 2009: 5

422-B CLIENT DEMOGRAPHICS

Race: 6 Afro Americans, 22 White

Gender: 15 Males, 13 Females

Average age: 42

Education: Average Grade 11

**Primary Diagnosis: Schizophrenia,
Schizoaffective,**

**Religion: 1 Baptist; 2 Catholic; 7 Christian;
2 Lutheran; 2 Protestant; 1 Methodist;
11 None; 1 Other; 2 Unknown**

Discharges 2009: 13

Transferred to a less restrictive unit 2009: 6



***Patients enjoyed the Auditorium;
Peer Specialist Building (shown
on left) and the Courtyard Garden
for the Hope and Recovery
Service Line (shown on right)***



RECOVERY AND TRANSITIONS SERVICE LINE

420B, 421A, DARBY, & KREITL

Demographics of Clientele (January 2009 to August 31st, 2009)

420B

Race: 5 Afro American; 20 White

Sex: 8 Females; 17 Males

Average Age: 41

**Average Length of Stay
of those discharged in 2009:** 49 Days

Education: Under 12th grade 5; 12th grade or more 18; GED 2

Religion: Baptist 3; Catholic 4; Christian 12; Lutheran 1; Methodist 1; Protestant 1; None 3

Primary Diagnosis:
Paranoid Schizophrenia; Most common secondary diagnosis
Borderline Personality Disorder



*Corey Laughlin
Recovery and Transitions
Service Line Manager*

Darby House

Race: 2 Afro American; 4 White

Sex: 6 Males

Average Age: 35

Admissions 2009 -- 11

Discharge 2009-- 6

**Average Length of Stay
of those discharged in 2009:** 101 days



This service line has a Recycle Program that patients and staff support!

421A

Race: 4 Afro American; 24 White, 1 Hispanic

Sex: 12 Females; 17 Males

Average Age: 38

**Average Length of Stay
of those discharged in 2009:** 149 days

Admissions 2009: 29

Discharges 2009: 20



Kreitl House

Kreitl House

Race: 2 Afro American; 2 White

Sex: 2 Females; 2 Males

Average Age: 37

Admissions 2009 : 6

Discharge 2009: 3

Average Length of Stay: 138 days

RECOVERY AND TRANSITIONS SERVICE LINE, *continued*

CURRENT NEWS

The Darby House continues to offer various programs to meet the patients' needs in the least restrictive environment on grounds. The programs and activities include family style dining and menu planning, and numerous trips into the community. Some of the specific RT activities have included Indianapolis Indians and Cincinnati Reds games, on grounds Apple fest, cookouts and holiday gatherings. The patients and staff also participated in the RSH Fun Days activities with an International theme. Our unit chose Jamaica as the focus for our service line. A client painted a fantastic mural on one of our walls, staff and clients worked hard on making the units look "beachy". Their efforts won them the overall prize for involvement in the activities.

This fall RSH will be reorganizing the service lines and some of the changes are in this edition of Community Ties. In 2009 the most frequent primary diagnosis for all 3 units was schizoaffective disorder followed by schizophrenia paranoid type and Bipolar.

Staff did a lot of work to decorate and improve our treatment environment, with the decorating of picnic tables, the court yards, and the houses. Unit beautification has been a reoccurring theme with the staff and shows their pride in their work, as you can see in the pictures below.



*Pictures taken of unit 421A
and of the 421A courtyard.*



SPECIALIZED RECOVERY SERVICE LINE

421B and 416

The Stepping Stones Program is a co-ed program for individuals who have dual diagnoses of mental illness and a developmental disability (MI/DD). The program focus is on skill development in daily living skills, and adaptive behavioral development. The program encourages positive behaviors and appropriate social interactions. The goal is to return to a lesser restrictive environment, like a group home or supervised assisted living program. This program works closely with the Bureau of Developmental Disabilities Services, or BDDS, for admission referrals and discharge planning. BDDS assists individuals in receiving community supports and residential services using a person-centered plan to help determine which services are needed and who can best provide them.

The MI/IDD program is housed in the Residential Treatment Center Building, Unit 421B. The treatment philosophy incorporates the values of least restrictive intervention and utilization of positive reinforcement. Patients enjoy recreational activities on the hospital grounds as well as community programs.

The program provides classes to help patients learn community living skills. Each patient begins their journey to Recovery based upon assessments to complement their strengths. They progress with the class curricula as their goals are met. Active treatment classes include: money management, social skills, cooking, health, nutrition, health/safety, community education, anger management, home economics, adult

education, life skills, spirituality, vocational training, and fitness, to name a few. Patients are involved in arts/crafts, storytelling, health and beauty classes, and other leisure activities. Patients go on outings into the community and some residents work on grounds.

Each patient has a treatment plan that is individualized with current summaries by each discipline working with the patient. The team working on the plan includes the patient, physician, psychology, nurses, social work, dietary, activity therapists, and the case attendant as well as the family and gatekeeper-community mental health center.



Carl Rhinehart
Specialized Recovery
Service Line Manager



**Tylene Ferguson RN, BSN
ADON**

421B

Program/Patient Demographics

Gender — 11 females; 14 males

Average Age — 37.4 years

Race: Afro American 5; White 18;
Biracial 1; Hispanic 1

Primary Diagnosis — mild/moderate mental retardation; schizophrenia, paranoid type

CONTACT INFORMATION

Carl Rhinehart, Service Line Manager, ext. 9278

Tylene Ferguson, ADON, ext. 9278

Dr. Bhangoo, Psychiatrist, ext. 9319

Amy Banta, Social Work, ext. 9372

John Jantz, Behavioral Clinician, ext. 9331

**Valerie Darling, Treatment Team Coordinator,
Recreational Therapist, ext. 9399**

RNs Newton/Goins/Pritchett, ext. 4966, 4987, or 4033

Becky Miller, Peer Specialist, ext. 9405

Carolyn Hanna, Dietician, ext. 9229

416

ABOUT THE PROGRAM

- ▶ 20-bed adolescent inpatient program—2 units
- ♦ Surrounding area is country/suburban
- ♦ Park-like setting with years of landscaping and well kept grounds
- ♦ Accredited by the Joint Commission on Accreditation of Health Care Organizations
- ♦ Medicaid Approved

DEMOGRAPHICS

- ♦ Average length of stay: 247 days
- ♦ Average age: 16
- ♦ Students working: 10
- ♦ Race: 2 Afro American; 18 White



SERVICES

- ♦ 24-hour nursing care
- ♦ On-grounds school
- ♦ Group & individual therapy
- ♦ Activity therapy
- ♦ Level program
- ♦ Psychological services
- ♦ Social services
- ♦ Psychiatric services

POSITIVE SELF-TALK

1. Make a positive comment about how you can handle the situation. "this is not a big deal..." "I've done this before; I can do this again..."
2. Repeat until you feel yourself calming down.
3. Discuss your feeling with staff.

POPULATION SERVED

- ▶ 20 Male
- ▶ Ages 13 to 17
- ▶ Full scale IQ 70+
- ▶ Diagnosis of Conduct Disorder, Oppositional Defiant Disorder, Explosive Disorder, Major Depressive Disorder, Bipolar Disorder, or a Psychotic Disorder
- ▶ Documented need of special education placement (from current individual educational plan)
- ▶ Richmond State Hospital is the least restrictive environment for treatment of the individual in need of services

"A ship in a harbor is safe but that's not what ships are made for."

~ Copied

VALUE DRIVEN

Being value driven, means that the staff of the Youth Services program has accepted the challenge to model and instill 7 Core Values in each student that we serve. These values are: Safety, Hope, Respect, Recovery, Healing, Responsibility, Education, and Positive Relationships. These values are at the forefront of any intervention/interaction that staff has with students. The installation of these values coupled with a therapeutic, structured environment is a major goal for the Youth Services Program.

REFERRALS

- ▶ Entire State of Indiana
- ▶ Community mental health centers, divisions of family and children, probably department, and/or the courts
- ▶ Article 7 alternative Placement referrals from Indiana School Systems



Above: Gymnasium in the Clinical Treatment Center

TREATMENT TEAM INFORMATION

As referrals arrive, we are aggressively trying to meet the needs of the patients and facilitate discharges as efficiently as possible. We all should congratulate each other for all the great work implementing individual treatment plans that are realistic for the patients to meet based upon their strengths and goals. Electronic treatment planning will soon be following the discipline specific electronic records. We are very eager to begin utilizing the new technology to improve the documenting of the care delivered!

TIME FOR A TUNE UP!

Performance improvement teams chartered have resulted in some great teamwork, ideas, and new/better ways of serving the patients. Regular up-dates are required and a plan of action will be requested based upon the methodology of performance improvement RSH has in place.

MONTHLY MANDATORY INSERVICE

The monthly mandatory inservices are being completed using People Soft (user ID and password required) through the State of Indiana website. Staff is responsible to make sure they complete them within the month they are due. They are monitored on Training Records which are used to complete Performance Appraisals.

Department specific competencies, i.e. QMA continuing education for certification, are also offered on the Intranet. Outreach Services of Indiana have provided several free training events that our staff have attended — Fall Prevention, Positive Behavior Supports, Comprehensive Dysphagia, Nutrition, to name a few. Everyone benefits from continuing education!

*“Earth teach me to
forget myself as melted
snow forgets its life.
Earth teach me
resignation as the leaves
which die in the fall.
Earth teach me courage
as the tree which stands
all alone. Earth teach
me regeneration as the
seed which rises in the
spring.”*

~ William Alexander

Donations Needed

Items that are currently needed for patients activities, crafts, etc., are golf balls, left handed golf clubs, shoe boxes, board games, costume jewelry, bikes, and travel size toiletries.



Community Ties

If you could prefer to receive your copy of Community Ties at your email address, please email us at Tara.Jamison@fssa.in.gov or Mary.Johnson2@fssa.in.gov. You may also call us at 765-935-9217 or 765-935-9218.

PROTECTION & ADVOCACY

The Protection & Advocacy for Individuals with Mental Illness (PAIMI) Act was signed in May of 1986 by President Ronald Reagan. Then, in 1986, governor Robert Orr signed assurances that the State Of Indiana would provide protection and advocacy services to citizens experi-

encing mental illness. Indiana Protection and Advocacy Services was designated as the agency to provide these services.

The Advocacy Specialist for this area is Donna Dellinger. Donna is at our hospital once a month to participate in our Human Rights'

Committee meetings. Protection & Advocacy may be contacted at 1-800-622-4845, ext. 236. Protection & Advocacy may also be contacted by calling 1-800-838-1131 or by mail at Indiana Protection & Advocacy Services, 4701 North Keystone Ave., Suite 22, Indianapolis, IN 46204.

PROTECTION & ADVOCACY MISSION STATEMENT

To protect and promote the rights of individuals with disabilities, through empowerment and advocacy.

VOLUNTEER SERVICES

RSH has many opportunities for volunteers. We have a Friend-to-Friend program where you may be a friend to one or more of our patients. The experiences you will have with your friend will depend on your friends' needs and your own interests, time, and capabilities. Communication on a regular basis is beneficial to your new friend.

Another way to volunteer is in the birthday program. On the third Friday of every month cakes are brought to the hospital by volunteers. With 300 patients, we have plenty of people who like cakes. We appreciate all of the cake donations.

We have opportunities, too, in the museum,

data entry, pastoral care, research, and Christmas room.

If you, your church, or organization would be interested in having a part in any of these programs, please call Community Relations 765-935-9128.

*To be a volunteer,
contact RSH
Community
Relations at
765-935-9218.*

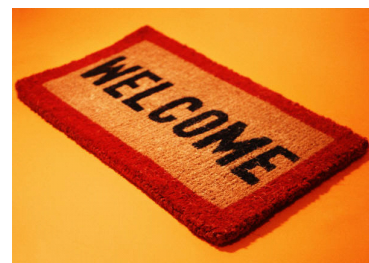
HOSPITALITY HOUSES

The hospital provides hospitality houses for relatives of patients traveling from a distance to visit their loved ones. These houses are available at no cost to families of patients. All houses are completely fur-

nished, including an operative kitchen and laundry.

If you would like to reserve a hospitality house, please call Donna Crist, Administrative Assistant to the

Superintendent, at 765-935-9201. Donna will get you on the calendar for your visit to Richmond State Hospital.



PICNICS



Above: The 4-H building in Hartford City, IN, is the picnic site of one of the summer picnics visited in 2009.

Visiting home counties and seeing family and friends at picnics is something patients look forward to during the summer picnics. Among sponsors of picnics are the Mental Health Association of Grant / Blackford County, Mental Health Association of Randolph County, East Central

Indiana NAMI, East Lynn Christian Church in Anderson, and Zion Lutheran Church in East Pershing.

Our patients enjoy the picnics so much. We really appreciate everything that you and your groups have done to provide picnics for patients.

If your group or organization would be interested in sponsoring a picnic for our patients, please contact Richmond State Hospital, 765-935-9218.



If you are interested in providing funds for your loved ones while they are residing at Richmond State Hospital, please write a check or money order which can be deposited at our Business Office. These funds may be sent directly to the Business Office for your family member or given

to their social worker. There is a snack area in the 417 and RTC buildings where patients may spend their money. There is also a large canteen area where patients may shop for snacks, gifts, personal hygiene items, postage stamps, phone cards, etc. Some patients go to local stores

and restaurants. Checks and money orders are held for 10 business days. Postal money orders may be cashed immediately. Please do not send cash in the mail or give family members a large amount of cash. This is for their own protection against theft.

TOURS

"Friends are the sunshine of life."

~ John Hay (1871)

Tours are offered at Richmond State Hospital from January through October. Each tour is tailored to meet the needs and interests of tourists. Several colleges and high school groups tour each year. Some school groups participate in the substance abuse prevention program called "2 Smart 2 Start". Many students

have found this program to be exceptionally informative.

In an effort to respect the privacy of our patients, confidentiality forms are signed prior tours. Tourists are asked not to bring cameras or to take pictures with cell phone.

To schedule a tour for your group, call Community Relations at 765-935-9218.



FEAR ABOUT THE FLU

It's the focus of talk on television, on radio, and in the newspapers...concern about H1N1 flu. Thankfully, current influenza cases do not seem to indicate abnormally severe symptoms. However, there continues to be concern about possible increased levels of influenza cases, and we have already seen local evidence of an earlier than usual flu season in the making. So what are we doing at RSH to manage a possible influenza outbreak? And what are we doing to protect our patients and staff from influenza infection?

Leadership at the hospital is taking significant steps to prepare for an influenza pandemic. We have reviewed our pandemic plan, we are in the process of implementing a drill of that plan using possible scenarios that we could face with a major flu outbreak, and we are formalizing staffing plans we will use if a significant percentage of our work force becomes incapacitated by illness. In short, we are preparing for the worst that could happen to assure continued care of our patients.

Our Infection Prevention and Control Officer has distributed information to staff members about methods and practices to minimize exposure to influenza, and that same information is being passed along to patients in community meetings and active treatment classes. Our nursing staff and other supervisors throughout the hospital have been alerted to immediately report any flu-like symptoms in patients or employees to the Infection Control Officer so that we can recognize and respond to any significant increases in reported cases of flu. We are prepared with adequate supplies, such as masks and other protective equipment, to help prevent or decrease the spread of influenza illness when flu-like symptoms are identified.

Our hospital is already beginning to administer seasonal flu vaccines to patients and employees. We have identified the individuals (staff and patients) who are most at risk for developing severe symptoms of H1N1 flu and will administer H1N1 vaccine to those individuals when it becomes available. We are working

with state and local Public Health officials to assure that we stay informed and utilize our resources effectively to minimize or manage influenza illness outbreak.

You may be asking yourself, "What can I do to help during a possible influenza outbreak?" As an individual you can:

1. Avoid going to public places (including Richmond State Hospital) if you have signs of illness, particularly if you have flu-like symptoms.
2. Get a seasonal flu shot. Keep in mind that seasonal flu causes thousands of deaths each year – the threat of non-H1N1 influenza is still as great this year as any other flu season.

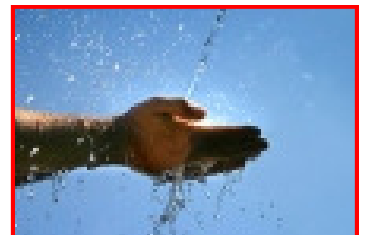
Staff at Richmond State Hospital will continue to monitor H1N1 and seasonal influenza illness during the coming flu season. We will take all possible steps to prevent, minimize and manage illness for our patients and employees.



Gretchen Gibbs, N.P.
Director of Nursing

*"What do we live for,
if not to make life
less difficult for
each other."*

~ George Eliot



*Good health could be at
your fingertips...be sure
to wash your hands!*

CHRISTMAS 2009

This Christmas will be the 119th for Richmond State Hospital. How many hearts have been made merrier? How many burdens have been made lighter? How many smiles made wider because of people like you throughout the years who have been so caring and kind to patients at Richmond State Hospital? Even though the hospital has been through many changes, we continue to celebrate this wonderful holiday with our patients living at the hospital. We realize most of our patients are away from their homes, families, and in many cases, hometowns and familiar settings. It is so important that special brightness is still brought to their Christmas holiday.

We appreciate each giver and gift which helped us in the past

and we are looking forward to working with our friends and volunteers again this Christmas to provide a very special season for our patients.

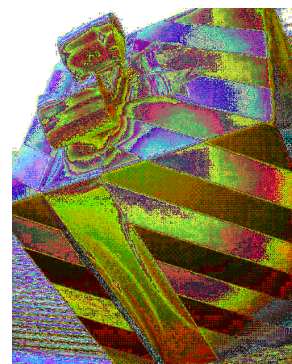
The "Adopt-A-Patient Program" began about seven years ago and provides a great opportunity to give gifts for our patients. We go to each patient and talk about what they would like to have for Christmas. Every year, working in this program, we are touched by the reaction of some. They may share with us memories of their favorite Christmas or express appreciation for people who provided gifts for them the previous year.

We also accept gifts for our Christmas shelves and then gifts are selected from donated

items for those patients who were not "adopted". Any presents given to our patients for their Christmas must be new items.

Each patient receives one gift bag on Unit party Day, which is held on the second Sunday in December. This year the unit parties will be on December 13. On Christmas day, patients receive three packages each to open. Patients have told us how special it makes them feel to know people care about them at this time of the year.

There are many opportunities to share in the holiday season activities at Richmond State Hospital. If you would like to participate, please give us a call at 765-935-9218 or 765-935-9217.



Christmas is an exciting time for RSH patients.

We can only learn to love by giving.

~ Iris Murdoch

MOST REQUESTED CHRISTMAS GIFTS

Clothing

Baseball Cap
Coat
Hat & Gloves
Hoodie
Sweat suit
T-shirts
Jeans
Pajamas
Socks
Slipper Socks

Personal Hygiene

Aftershave
Body Lotion
Body Wash
Brush/Comb
Cologne
Perfume
Makeup
Hair Accessories

Music

Classical CD
Country CD
Gospel CD
Oldies CD's
Pop
Rap
Other

Snacks & Beverages

Candy
Chips
Nuts
Popcorn
Instant Coffee
Hot Chocolate
Water flavoring packets
(no liquids)

Hobbies/Interests

Art Supplies
(Paper/Markers/Color Pens)
Crafts
Journals
Stationary
Basketball
Football
Playing cards

Other

Backpack
CD Headset
Radio
Hand Held Game
Jewelry
Phone Card
Stamps
Purse
Wallet
Gym Bag



NAMI stands for the Nation's Alliance on Mental Illness. NAMI was founded in 1979 and has affiliates in every state and in more than 1100 local communities across the country. Some patients and staff of Richmond State Hospital have joined this wonderful organization. When a person becomes a member, he becomes part of America's largest organization that is dedicated to improving lives of persons living with serious mental illnesses.

NAMI East Central Indiana is located on the

campus of Richmond State Hospital in the original farmhouse.

NAMI East Central Indiana supports group meetings on the first Tuesday of each month in the CTC Training Center at Richmond State Hospital. Each meeting features a special speaker. Patients from the hospital are invited to these meetings as well as family members and the East Central Indiana community.

Over 500 people attended the NAMI July 4th picnic in grove at

Richmond State Hospital.

NAMI also hosts a candlelight service each year at the Richmond City Building. This year around 60 RSH patients attended this service.

The annual NAMI Christmas Dinner will be held on Tuesday, December 1, 2009, in the CTC gym at Richmond State Hospital, beginning at 6PM. The community is invited to attend.

For more information about NAMI East Cen-



Stop by the NAMI house on the campus of RSH and visit. NAMI's office hours are Mondays, Wednesdays, and Friday from 10 AM to 2 PM. You're always welcome!

tral Indiana, contact Jennifer Claypool, NAMI President, at 765-966-4094.

QUALITY MANAGEMENT

By Kay Stephen

Across the United States, more and more healthcare organizations are planning and implementing an electronic health record. Richmond State Hospital is now on that path as well. In 2008, the Division of Mental Health and Addiction began exploring software solutions that would meet the needs of our organizations here in Indiana. In the summer of 2008, representatives from each of the 6 Indiana state operated facilities began meeting and designing pieces to an electronic health record. In April of 2009, the

first assessment, Social Services, went LIVE followed by Rehab Therapy, Nursing, Psychiatric and Psychology. The next phase of the electronic record will be Treatment Planning which is now being developed and will be piloted at Richmond State Hospital in late October. The final phase will be Interdisciplinary Progress Notes, which will be implemented in the Spring of 2010. By moving toward the electronic health record, it reduces the chance for paper assessments to be lost or misfiled, it allows for

more than one clinician to view the record at any given time, and will reduce the amount time it takes to track down a chart when needed for patient care or administrative reasons as many times these charts are being needed by so many people at one time.

While implementing this system, we have taken the utmost care in setting up security systems to protect the patient health information contained in the electronic record from those who are unau-



Kay Stephan, RHIA
Quality Management
Director

thorized to access it. This is our promise to our clients to keep their information confidential while freeing up the ability to access the information to those who need it to provide the quality care our clients deserve.

TOBACCO FREE...AGAIN

By Judy A. Malone Cole, Clinical Director

"Tobacco is the only legal product that kills one-third of its users when used as directed." (CDC, 1996)

Smoking/tobacco use is dangerous to everyone's health. From asthma, second hand smoke, chronic obstructive pulmonary disease (COPD) to cancer, we all know and have lived with or are living with the negative health consequences. The state of Indiana, many counties, businesses and all hospitals have banned tobacco/smoking ~ including Richmond State Hospital.

Irrespective of personal choices, feelings or attitudes, RSH is continuing to uphold the policy and new efforts are being underway to enhance compliance and improve health. And many of the people we serve come to us for treatment of illegal addictions and it makes sense to treat all the addictions at once. The research shows that tackling all addictions at once works. It's the right thing to do.

Upon admission, we screen for possession and have nicotine replacement patches available to help with

cravings. There are continuing support groups and educational programs that are being put into place on every unit. And there are progressive consequences for use. We are simply asking that everyone respect our tobacco free efforts.

As family and visitors, we are enlisting your help in breaking this addiction. Please do not bring to RSH cigarettes, cigars or smokeless tobacco products or lighters. Just for the health of it.



*Judy A. Cole, Ph.D., R.N.,
Clinical Director*



ENTERTAINMENT

Patients and staff enjoyed a presentation by the Chanticleer String Quartet this year. This is a great opportunity to learn and listen to various types of music. We appreciate the sponsors of such a talented group of musicians.

We also enjoyed hearing Aaron Stevens, a Richmond Police Officer, and seeing his Navajo Indian presentation during Fun Days 2009 in the RSH grove.

The group, Pyramid Productions, brought live entertainment to the RTC Dining Room.

This energetic group of singers always brings smiles and happiness to patients and staff.

If you have a talent that you would like to share at RSH, please contact Community Relations at 765-935-9218.



Chanticleer String Quartet
in the CTC Training Center
at RSH

Richmond State Hospital opened on August 15, 1890. Many changes have taken place over the years. One of the most significant change is the focus of our work from the early years of custodial care to the present day active treatment. The future of our patients is important to us. We want the best for each of them. We want them to be a success in the choices they make while they are here and when they leave RSH and join their loved ones in the community.

Left: The RSH Administration Building is one of the historical land sites in the State of Indiana.



OF CHANGE AND HOPE...

By Judy A. Malone Cole, Ph.D., R.N.

RSH Clinical Director

American Heritage Dictionary... "Change... to cause to be different"

"Hope... to wish for something with expectation of fulfillment"

Everywhere you turn there is change. Some examples of change from the headlines include: the economic downturn, mortgage crises, loss of jobs, downsizing, road work/detours, health care reform, personal choices, health care needs of family, adoption/birth, care giving, or shifting responsibilities at work.

We don't hear much about the concept of hope that is imbedded in the very nature of change. But it is always with hope that we make changes. We provide services to people for the purpose of changing.

Hope. According to the National Consensus Statement on Mental Health Recovery hope provides "the essential and motivating message of a better future that people can and do overcome the barriers and obstacles that confront them. " At Rich-

mond State Hospital, we ask our consumers to change all the time based upon the concept of making their lives in the community better. And now we're reorganizing service lines with the hope of balancing workloads and improving services. Our service lines, beginning September 14 are:

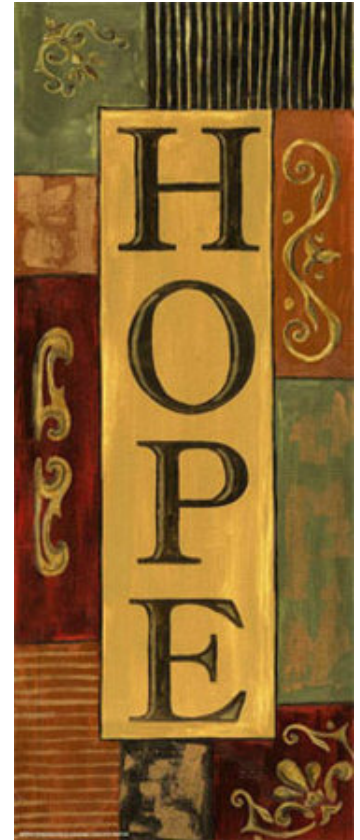
Integrated Recovery Dual Diagnosis Service Line: provides recovery services for consumers with both a mental illness and a substance abuse/dependency problem. M. Kaye Clark is the service line manager and Tanya Melody is the Assistant Director of Nursing.

Addictions Recovery Service Line provides recovery oriented care for consumers who have become dependent upon drugs or alcohol and may have other addictions. The majority of consumers who come voluntarily for substance abuse treatment are admitted and discharged from 417B, 417D and Lawson House. Lynda Dean is the service line manager and David Shepherd is the Assistant Director of Nursing.

Recovery and Transitions Service Line was reconfigured to include 420B, 421A and Darby/Kriegl Houses because a growing number of consumers are directly discharged from our psychiatric admission unit or they have a trial at Darby House as a way of easing into community life as our neighbors. Corey Laughlin is the service line manager and Brenda Jeffries is the Assistant Director of Nursing. These teams specialize in recovery and independent community skills.

Hope and Recovery Service Line, 422A and 422B continue under the guidance of Kim Phillips, Service Line Manager and Darlene Caves as the Assistant Director of Nursing. This service line provides continuing care for individuals who need to acquire self care, symptom management, and independent living skills.

Specialized Recovery Service Line, 416 and 421B, which serves consumers with developmental delays and mental illness, are under the leadership of Carl Rhinehart, Service



Leaves change color, adding to the beauty of autumn, on one of the many plants on the RSH campus.

Of Change and Hope...continued

Line Manager and Ty-lene Ferguson, ADON. Youth Services has specialized in adolescent young men with Conduct Disorders and has had special funding for restraint seclusion prevention efforts from SAMSHA in collaboration with Evansville Psychiatric Children's Center and is completing year 2 of that 3 year grant.

These changes reflect the continuing evolution of care at Richmond State Hospital as well as the push to be more efficient as a hospital and to the overall system of mental health care in Indiana. To be more viable and valued as a provider of

mental health services as part of a continuum of care, our changes are founded in our wishes.

1. We wish for a speedier Recovery for those we serve.
2. We wish that our combined Strengths and skills as clinicians lay a stronger foundation for recovery.
3. We wish to be part of change that is valued by our consumers and other stakeholders and through it all demonstrate our Hope in recovery.

Change is not about changing names or some meaningless activity, but in changing

lives through thoughtful, deliberate hope. As I was making rounds today, one of the units had a sign posted "The only certain thing is change." How very true and it is our job to navigate the changing waters as best we can.

If there are changes you would like to see, please share them so that they become part of our deliberate thoughtfulness, our hope.



*May you live all the days
of your life.*

~ Author Unknown



Left: Hope House Addiction Recovery Center is a program of Richmond/Wayne County. Hope House of Richmond/Wayne County is located on the campus of Richmond State Hospital. Local founders of this facility in Richmond were inspired by The Healing Place, a nationally recognized, effective homeless services and recovery program model, in Louisville, KY.

RSH WEBSITE

Information about Richmond State Hospital may be found on the internet at www.richmondstatehospital.org. We try to have up-to-date information about various aspects of the hospital. We have an E-local Link Video on our internet website. It goes from the past to the present and the future in less than two minutes and provides families with a look of our campus and, hopefully, inspires hope for recovery that many have found at our facility.